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## **NON-PSYCHOTIC PSYCHIATRIC DISORDERS IN PERSONS WHO HAVE EXPERIENCED PSYCHOSOCIAL STRESS IN TERMS OF MILITARY CONFLICT**

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**Abstract. Non-psychotic psychiatric disorders in persons who have experienced psychosocial stress in terms of military conflict.** Yuryeva L.M., Shusterman T.Y., Likholetov E.O. *Partners of military veterans with post-traumatic stress disorder (PTSD) and other non-psychotic psychiatric disorders can develop difficulties with stress, well-being, and secondary trauma. There are various interventions involving partners, but not many of them give due attention to their well-being. The purpose of this article was to conduct a systematic literature review of a number of interventions with analysis of the results. A systematic literature search was conducted, as a result of which 25 interventions were selected for analysis. The criteria for selecting interventions were the presence of PTSD in the veteran, the partner's participation in the intervention, and the focus of the intervention on improving the well-being of the partners themselves. Group interventions, boarding classes, family therapies and retreats were the main types of interventions. 21 studies reported well-being results from randomized controlled trials (RCT), preliminary evaluations and clinical cases. Most interventions reported improvements in partner well-being, although reliable, controlled trials were insufficient. Only a small number of interventions were aimed solely at partners. The most common feature of the interventions was psycho-educational work with an emphasis on topics such as communication, problem solving, and regulation of emotions. Most of the works describe the advantages of group processes (social support and normalization) among partners who shared experience with each other. Thus, the existing range of formats of measures to improve the well-being of military partners should be expanded through more reliable experimental studies aimed directly at the well-being of partners. A subsequent study of their effectiveness can serve as a powerful resource for further interventions not only for veterans, but also for the partners themselves.*

**Реферат. Непсихотические психические расстройства у лиц, подвергшихся психосоциальному стрессу в условиях военного конфликта.** Юрьева Л.Н., Шустерман Т.И., Лихолетов Е.А. *Партнеры военных ветеранов с посттравматическим стрессовым расстройством (ПТСР) и другими непсихотическими психическими расстройствами могут испытывать трудности с преодолением стресса, благополучием и вторичной травмой. Существуют различные интервенции с участием партнеров, но не во многих из них уделяется должное внимание их благополучию. Целью данной статьи являлось проведение систематического литературного обзора ряда вмешательств с анализом полученных результатов. Проведен систематический поиск литературы, в результате которого для анализа были отобраны 25 вмешательств. Критериями отбора вмешательств были наличие ПТСР у ветерана, участие партнера во вмешательстве и направленность интервенции на улучшение благосостояния самих партнеров. Групповые вмешательства, выездные занятия в интернатах (ретритах), семейные терапии и интернет-вмешательства были основными видами интервенций. В 21 исследовании сообщалось о результатах благополучия по данным рандомизированных контролируемых испытаний (РКИ), предварительной оценки и клинических случаев. В большинстве вмешательств сообщалось об улучшении благополучия партнеров, хотя проведенных достоверных контролируемых исследований было недостаточно. Только два вмешательства были направлены*

исключительно на партнеров. Наиболее распространенной особенностью вмешательства было проведение психообразовательной работы с акцентом на таких темах, как общение, решение проблем и регулирование эмоций. В большинстве работ описаны преимущества групповых процессов (социальная поддержка и нормализация) у партнеров, которые делились друг с другом опытом. Таким образом, существующий спектр форматов мероприятий по улучшению благосостояния военных партнеров должен быть расширен за счет проведения более надежных экспериментальных исследований, направленных непосредственно на благополучие партнеров. Последующее изучение их эффективности может послужить мощным ресурсом для дальнейших интервенций не только для ветеранов, но и для самих партнеров.

In recent decades in Ukraine, as in all the world, there has been an increase in the number of different catastrophes, conflicts, both micro-social and political, which has an undue influence on the psyche of the population [1]. The current military conflict in Ukraine has led to the accumulation of a large contingent of direct combatants and other victims of military service (veteran partners), as well as refugees and displaced persons with mental health problems and in need of rehabilitation [3, 4, 9]. Prevalence of mental and behavioral disorders in Ukraine, according to P.V. Voloshin and N.O. Maruta is constantly increasing (by 2.9% over 10 years) [2].

Disability indicators due to mental and behavioral disorders and mortality rates from intentional self-harm reflect the lack of effectiveness of social and rehabilitation measures in the field of mental health care. Absence of a system of prevention of mental disorders, insufficient differentiation of care delivery in the field of mental health care with taking into account the needs of vulnerable groups of society and limited participation and involvement of individuals with mental disorders and their families in the planning of care, its implementation and evaluation are among the main problems of national psychiatry [2].

Posttraumatic stress disorder (PTSD) is the most common non-psychotic psychiatric disorder in a population experiencing psychosocial stress in a military conflict [8]. It is well known that military veterans are at risk of physical and mental problems related to their service [5]. For example, studies of military personnel in the United Kingdom (UK) have shown that 4% meet the criteria for PTSD, with higher rates being observed in those performing combat functions. Similar military studies in the US have found higher PTSD rates among those serving in Iraq and Afghanistan [6, 7, 18]. Veterans may also be more prone to problems with substance abuse or alcohol abuse than ordinary people [5].

Studies have shown that in some cases, veterans with mental health problems are at increased risk of emotional distress, especially people with low income and in the context of family stress. Impact of combat actions was also associated with higher level

of stress on the partner's side. Longer-term military deployment, prolongation of life expectancy and PTSD among military personnel have also been linked to psychological problems for veteran's relatives, as well as unemployment, the presence of dependent children and the former servicemen themselves [21].

Studies have found that partners of military veterans can develop symptoms of trauma, increased levels of stress, caregiver burden, and secondary traumatization. However, there is relatively little research on partners of military veterans in the United Kingdom, although one study of veterans who sought treatment revealed 17% of prevalence of PTSD in partners compared to 3% in the general population [21].

It has been suggested that the process that causes partners to develop stress is due to secondary trauma associated with trauma to veterans, which in turn is related to combat actions. However, others dispute this, suggesting that the difficulties reported by military partners may be related to general psychological distress rather than secondary traumatic stress, to say nothing of PTSD.

The impact of combat psychological trauma can affect not only the veterans themselves, but also their partners, affecting the functioning of the family as a whole. Of particular importance are the stresses of military deployment, that is, associated with leaving their usual daily places of service to prepare and complete the mission [6, 7]. Deployment also affects marital satisfaction, and trauma symptoms create unpleasant interactions that deteriorate the quality of the relationship and increase physical and psychological aggression. Symptoms of PTSD in veterans have been associated with stress in the family, difficulties with psychological adaptation in partners and decreased functioning of couples. A survey performed by the U.S. Department of Veterans Affairs found that 3 years after the deployment, 42% of veterans continued to have the ability to get along with their partner, while 35% reported a break in relations or divorce. These data emphasize the importance of meeting the needs of family members as well as veterans in PTSD treatment programs.

The need to support military partners goes beyond the need for assistance to partners themselves, with evidence suggesting that distress in partners and in the family may adversely affect the treatment outcomes of PTSD veterans. For example, family malfunction may reduce an individual's ability to benefit from PTSD treatment and may be associated with worse outcomes. Currently, the US Department of Veterans Affairs requires that all health centers provide family education to all families with PTSD veterans or with other severe mental illness.

Increasing recognition of the needs of veteran's partners has led to the development of a number of interventions aimed at providing support in various forms, such as partner groups, veteran groups or together with their partners, and family interventions with some promising results [10, 15].

There has been no systematic review of interventions for military veteran partners in Ukraine. In addition, there is very little evidence of the use and effectiveness of such programs abroad [28]. Research has been focused primarily on the needs of veterans as a primary result, including how engaging a partner can improve effects of PTSD on veterans. In addition, there is diversity in the type and amount of partner's intervention available, so it would be useful to combine all the evidence in a systematic review.

Therefore, conducting a systematic review of foreign and domestic literature on non-psychotic mental disorders, not only for military veterans with PTSD but also for their partners, is an urgent need for modern psychiatry [13].

## MATERIALS AND METHODS OF RESEARCH

### *Literature search*

The authors conducted a systematic search of relevant journals and databases of articles related to interventions aimed at supporting partners of military veterans. The search was conducted in several databases (Oxford, Google Scholar, Web of Science, Cyberleninka, PILOTS, PubMed and PsycInfo). No systematic reviews were found in the Cochrane Library search. We conducted a search for this study using the following search terms: servicemen, partners, veterans, PTSD, interventions, systematic literature; military, partners, veterans, PTSD, interventions, systematic literature.

### *Inclusion and exclusion criteria*

Documents were included if they reported interventions specifically targeting partners of

military veterans, or those where the partners received any form of support (e.g, interventions for couples or families). The study included any form of intervention: individual or group and personal, as well as online intervention, etc. In some cases, the intervention involved the entire family of veterans. They were included if the intervention was, at least in part, aimed at improving outcomes for partners. Interventions involving a partner but targeting veterans were also excluded. For the purposes of this study, by the term "veteran" we have defined any person who has completed military service without the minimum requirements for length of service. The documents, if they described veterans who had PTSD but did not have any strict criteria for whether the disease was officially diagnosed, were excluded. We have reviewed articles that reported about veteran's partners from any country, with no restrictions on publication dates. The review also included documents describing relevant services and interventions without the need to include any active participants in the document. Relevant articles were to be published in peer-reviewed journals in full English. Books, corrections and unpublished theses were excluded.

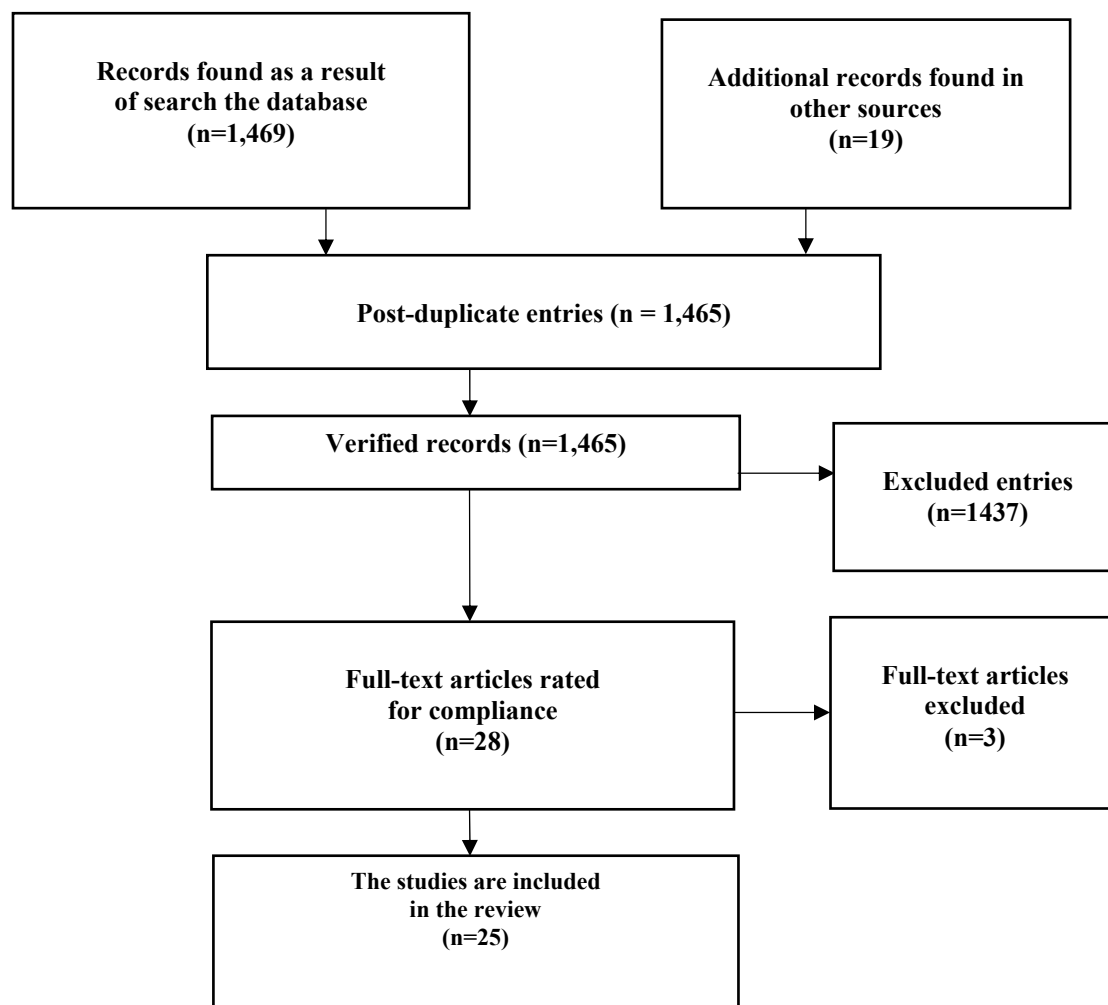
As a result of the search completed in October 2019, a total of 1480 papers were obtained, the titles and abstracts of which were checked for relevance. In total, we reviewed 28 full texts, 25 of which were included in the final review (Fig.) to break down the research selection process.

Among the works that did not meet the inclusion criteria, most did not focus on veterans or veteran partners. Others focused on veteran partners but did not report interventions, so were also excluded. One study reported interventions for veteran partners, but these veterans had a brain injury unlike PTSD.

## RESULTS AND DISCUSSION

Of the 25 articles included in the review, 23 were elaborated in the United States, 1 in Australia and 1 in Iran. The articles described intervention aimed at both veterans and partners or families of a veteran and a partner. The four documents were descriptions of new services and did not describe any form of intervention assessment. The remaining 21 reported on the outcome evaluation, including 11 uncontrolled previous projects, 3 randomized controlled trials (RCTs), 3 pilot trials, 2 case studies and feasibility substantiation.

Summary data on the activities developed for PTSD veteran partners are presented in the table.



Block diagram of selection of the study

The interventions described were different in content, format and scope. These included group interventions, residency retreats, family interventions, and network to network interventions.

The most common results are related to relationships and mental health. A total of 13 studies evaluated the outcome of the relationship, 6 studies measured the quality of the relationship, and 4 studies – satisfaction with the marriage or relations. The 3 studies also found out whether the programs developed had an impact on physical and psychological abuse in relationships. Group interventions were most appropriate for measuring the quality of relationships (6 studies).

A total of 12 studies collected indicators of mental disorders, the most common being PTSD (9 studies). However, there were some differences in the fact that a number of studies measured PTSD only in veterans, while others measured it both in partners and veterans. There were no clear differences in the types of interventions and the

likelihood of measuring mental health outcomes: group (4 studies), retreats (3 studies), paired therapy (2 studies), family (2 studies) and Internet-based (1 study) [14, 20, 27].

Other types of indicators of results reported less frequently included quality of life indicators (4 studies) and responses from interventions on satisfaction with interventions (4 studies).

#### *Effects and future research*

The results show that interventions intended to partners and families can improve various aspects of well-being, and these interventions are receptive. However, the evidence is limited by the relative paucity of long-term and reliable experimental studies. It would be advisable to further implement larger scale pilot projects and carry out more extensive research to further investigate the impact and effectiveness of such services.

There is a wide range of interventions available in different formats, and the literature would be

enriched through analysis to identify the most effective, receptive and most affordable interventions. So far, there are very few programs intended exclusively to military partners, and given the specific needs of this population, such programs can be very useful. New methods of intervention need to be developed to meet this need for future research. The number of female military veterans is increasing, which is likely to increase the number of

male partners. Most studies to date have failed to cover a group of male partners whose needs are important to be included in future interventions. Conducting a literature review analyzing the results of world studies can increase the level of generalization of results and facilitate the implementation of existing programs in different countries.

**Summary data on the activities developed**

First author and year	Country	Number of surveyed	Article type	Modality	Measured results
Armstrong (1997)	USA	218	Case study	Group therapy for partners only	Discussing group topics
Bobrow (2012)	USA	347	Preliminary assessment	Retreat for veterans and partners	Previous and following questioning on achieving goals and evaluation
Church (2014) [11]	USA	6	Preliminary assessment	Retreat for veterans and partners	Severity of PTSD
Davis (2012)	USA	86	Preliminary assessment	Retreat for veterans and partners	Participant feedback (e.g. benefits received, suggestions for improvement)
Devilly (2002)	Australia	209	Preliminary assessment	Retreat for veterans and partners	PTSD, depression and anxiety, satisfaction with marriage, quality of life, anger, alcohol consumption
Fischer (2013)	USA	196	Preliminary assessment	Group format for veterans and partners	Knowledge and behavior related to PTSD, family communication, satisfaction with family relations, social support, mental health disorders, quality of life
Hayes (2015) [25]	USA	140	Preliminary assessment	Group format for veterans and partners	Relational aggression, satisfaction with family relations, depression, PTSD
Interian (2016) [22]	USA	103	RCT	An interactive website for veterans and partners	PTSD, empowerment of family, social support, criticism
Kahn (2016) [16]	USA	476	RCT	On your own through a website and mobile app for veterans and partners	Stress, depression, PTSD, self-esteem, social support, quality of sleep, quality of relations
Lester (2011)	USA	-	Case study	Family intervention	-
Lester (2012)	USA	1615	Preliminary assessment	Family intervention	Psychological distress, family adaptation, functioning, perception of change by parents
Lester (2016) [15]	USA	7309	Preliminary assessment	Family intervention	Psychological distress, psychological health of a child, behavior adjustment in the family, PTSD, child's anxiety, child's behavior adjustment
Luedtke (2015) [17]	USA	1	Case study	Merital therapy	PTSD, quality of relations

*Continued table*

First author and year	Country	Number of surveyed	Article type	Modality	Measured results
Monk (2016) [19]	USA	298	Preliminary assessment	Retreat for veterans and partners	PTSD
Roy (2012)	USA	497	Preliminary assessment	Website for family members	Knowledge of PTSD
Ruzek (2011)	USA	–	Description of services	Website for veterans, partners and specialists	–
Sautter (2011)	USA	–	Description of services	Merital therapy	–
Schumm (2015) [12]	USA	26	Preliminary assessment	Merital therapy	PTSD, substance abuse, quality of relations, depression
Sherman (2009)	USA	116	Feasibility study	Group format for veterans and partners	Satisfaction program
Sherman (2009a)	USA	436	Description of services	Motivational interview for veterans and families	–
Sherman (2012)	USA	–	Description of services	Group format for veterans and partners	–
Taft (2014) [24]	USA	18	Pilot test	Group format for veterans and partners	Physical and psychological aggression, quality of relations, PTSD
Taft (2016) [23]	USA	138	RCT	Group format for veterans and partners	PTSD, alcohol use, depression, physical and psychological aggression, emotional abuse, quality of relations
Vagharseyyedin (2017) [26]	Iran	80	RCT	Partner format only	Family adaptation
Whealin (2017) [10]	USA	56	Preliminary assessment	Group format using video conferencing	Quality of relations, satisfaction with relations, caregiver's exhaustion, satisfaction of patients

## CONCLUSION

1. Partners of military veterans suffering from PTSD and other non-psychotic mental disorders are at greater risk of having problems with mental health and well-being. Partners benefit from interventions to support their particular needs. The survey revealed that there are very few interventions designed for veteran partners in the world literature. However, there are a number of services that involve partners together with veterans and other family members, which has proven to be beneficial for this contingent of individuals. The activities described were broad in format and content, including group interventions, retreats, web-based programs, and family interventions. The received assessments of the conducted interventions were positive, impro-

vement of mental health and well-being of partners of military veterans was noted, but more reliable controlled researches are required.

2. The literature would greatly benefit from increased experimental research, RCTs, and analysis of the most effective components of interventions, given their wide variety. There is a possibility for improvement in existing services for partners of military veterans, as well as the development of new interventions aimed at meeting their needs. While there is a clear intention to develop services that include partners and families, consensus is not enough on the most effective ways to provide such services and more thorough research is needed in view of the services already available.

## REFERENCES

1. Voloshyn PV, Maruta NO [Socio-stress disorders (clinic, diagnosis, prevention)]. *Kolektyvna monohrafiya*. 2016. Ukrainian.
2. Voloshyn PV, Maruta NO. [Mental health strategy of Ukraine's population: current opportunities and obstacles.]. *Ukr. visn. psyhonevrolohiyi*. 2015;1:5–11. Ukrainian.
3. Yuryeva LN, Nosov SH, Mamchur AI, Nikolenko AE, Ogorenko VV, Dukelskyi AA, Shusterman TI, Erchkoba NA [Diagnosis, correction and prevention of crisis conditions in participants in military conflicts.]. *Uchebnoe posobie*. 2017:204. Russian.
4. Yureva LM [Crisis conditions in modern conditions: diagnostics, correction and prevention]. *Navchalniy posibnik dlia likariv-psihiatriv, simeynikh likariv ta meduchnukh psikhologiv*. 2017:174. Ukrainian.
5. Maruta NA, Zavorotniy VI [Principles for the rehabilitation of military personnel with various options for post-traumatic stress disorder.]. *Ukr. visn. psyhonevrolohiyi*. 2018;3(96):33-38. Ukrainian.
6. Semyhina T, Pavlenko I, Ovsyanykiva Y, Teslenko O. [Mental health care in times of war.]. 2017;1;586. Ukrainian.
7. Okhlopko T, Bratyuk O. [Mental health care in war: 2 Volumes.]. Kyiv: Our Format; 2017.
8. Mykhaylov BV, Chuhunov VV, Kurylo VO, Sarzhivskiy SN. [Post-traumatic stress disorders]. *Navchalniy posibnyk*. 2014; 285. Ukrainian.
9. Yureva LM, Maruta NO, Vyshnichenko SI, Denysenko MM [Diagnosis of mental maladaptation among police officers.]. *Metodichni rekomendacii*. 2015: 55. Ukrainian.
10. Whealin JM, Yoneda AC, Nelson D, et al. A culturally adapted family intervention for rural Pacific Island Veterans with PTSD. *Psychol Serv*. 2017;14(3):295–306. doi: <https://doi.org/10.1037/ser0000186>
11. Church D, Brooks AJ. CAM and energy psychology techniques remediate PTSD symptoms in Veterans and spouses. *Explore*. 2014;10(1):24-33. doi: <https://doi.org/10.1016/j.explore.2013.10.006>
12. Schumm JA, Monson CM, O'Farrell TJ, et al. Couple treatment for alcohol use disorder and posttraumatic stress disorder: pilot results from U.S. military Veterans and their partners. *J Trauma Stress*. 2015;28(3):247–52. doi: <https://doi.org/10.1002/jts.22007>
13. Diehle J. Veterans are not the only ones suffering from posttraumatic stress symptoms: what do we know about dependents' secondary traumatic stress? / J. Diehle, S.K. Brooks, N. Greenberg // *Soc Psychiatry Psychiatr Epidemiol*. 2017;52(1):35-44. doi: <https://doi.org/10.1007/s00127-016-1292-6>
14. Sin J, Gillard S, Spain D, et al. Effectiveness of psychoeducational interventions for family carers of people with psychosis: a systematic review and meta-analysis. *Clin Psychol Rev*. 2017;56:13-24. doi: <https://doi.org/10.1016/j.cpr.2017.05.002>
15. Lester P, Liang LJ, Milburn N, et al. Evaluation of a family-centered preventive intervention for military families: parent and child longitudinal outcomes. *J Am Acad Child Adolesc Psychiatry*. 2016;55(1):14–24. doi: <https://doi.org/10.1016/j.jaac.2015.10.009>
16. Kahn JR, Collinge W, Soltysik R. Post-9/11 Veterans and their partners improve mental health outcomes with a self-directed mobile and web-based wellness training program: a randomized controlled trial. *J Med Internet Res*. 2016;18(9):e255. doi: <https://doi.org/10.2196/jmir.5800>
17. Luedtke B, Davis L, Monson C. Mindfulness-based cognitive-behavioral conjoint therapy for posttraumatic stress disorder: a case study. *J Contemp Psychother*. 2015;45(4):227–34. doi: <https://doi.org/10.1007/s10879-015-9298-z>
18. Sundin J, Herrell RK, Hoge CW, et al. Mental health outcomes in US and UK military personnel returning from Iraq. *Br J Psychiatry*. 2014;204(3):200–7. doi: <https://doi.org/10.1192/bjp.bp.113.129569>
19. Monk JK, Ogolsky BG, Bruner V. Veteran couples integrative intensive retreat model: an intervention for military Veterans and their relational partners. *J Coup Rel Therapy*. 2016;15(2):158–76. doi: <https://doi.org/10.1080/15332691.2015.1089803>
20. Murphy D, Busuttill W. PTSD, stigma and barriers to help-seeking within the UK Armed Forces. *J R Army Med Corps*. 2015;161(4):322–6. doi: <http://dx.doi.org/10.1136/jramc-2014-000344>
21. Murphy D, Palmer E, Busuttill W. Mental health difficulties and help-seeking beliefs within a sample of female partners of UK Veterans diagnosed with post-traumatic stress disorder. *J Clin Med*. 2016;5(8): 68. doi: <https://doi.org/10.3390/jcm5080068>
22. Interian A, Kline A, Perlick D, et al. Randomized controlled trial of a brief Internet-based intervention for families of Veterans with posttraumatic stress disorder. *J Rehabil Res Dev*. 2016;53(5):629–40. doi: <https://doi.org/10.1682/JRRD.2014.10.0257>
23. Taft CT, Creech SK, Gallagher MW, et al. Strength at Home Couples program to prevent military partner violence: a randomized controlled trial. *J Consult Clin Psychol*. 2016;84(11):935–45. doi: <http://dx.doi.org/10.1037/ccp0000129>
24. Taft CT, Howard J, Monson CM, et al. "Strength at Home" intervention to prevent conflict and violence in military couples: pilot findings. *Partner Abuse*. 2014;5(1): 41–57. doi: <https://doi.org/10.1891/1946-6560.5.1.41>
25. Hayes MA, Gallagher MW, Stavitsky Gilbert K, et al. Targeting relational aggression in Veterans: the strength at home friends and family intervention. *J Clin Psychiatry*. 2015;76(6):e774–8. doi: <https://doi.org/10.4088/JCP.14m09155>

26. Vagharseyyedin SA, Gholami M, Hajihoseini M, et al. The effect of peer support groups on family adaptation from the perspective of wives of war Veterans with posttraumatic stress disorder. *Public Health Nurs.* 2017;34(6):547–54.

doi: <https://doi.org/10.1111/phn.12349>

27. He H, Zhu L, Chan SW, et al. The effectiveness and cost-effectiveness of web-based and home-based post natal psychoeducational interventions for first-time

mothers: randomized controlled trial protocol. *JMIR Res Protoc.* 2018;7(1):e35.

doi: <https://doi.org/10.2196/resprot.9042>

28. Turgoosea D, Murphy D. A systematic review of interventions for supporting partners of military Veterans with PTSD. *Journal of Military, Veteran and Family Health.* 2019;5(2):195-208.

doi: <https://doi.org/10.3138/jmvfh.2018-0035>

## СПИСОК ЛІТЕРАТУРИ

1. Волошин П. В., Марута Н. О. Соціально-стресові розлади (клініка, діагностика, профілактика): колективна монографія. Харків: Видавець Строчков Д. В., 2016. 335 с.

2. Волошин П. В., Марута Н. О. Стратегія охорони психічного здоров'я населення України: сучасні можливості та перешкоди. *Український вісник психоневрології.* 2015. Том 23, Вип. 1 (82). С. 5-11.

3. Диагностика, коррекция и профилактика кризисных состояний у участников военных конфликтов: учеб. пособие / Л.Н. Юрьева и др.; ДМА; общ. ред. Л. Н. Юрьева. Днепр: Нова ідеологія, 2017. 204 с.

4. Кризові стани в сучасних умовах: діагностика, корекція та профілактика: навч. посіб. для лікарів-психіатрів, сімейних лікарів та медичних психологів / Л. М. Юр'єва та ін.; ДМА; заг. ред. Л. М. Юр'єва. Київ: Галерея Принт, 2017. 174 с.

5. Марута Н. А., Заворотный В. И. Принципы реабилитации военнослужащих с различными вариантами посттравматического стрессового расстройства. *Укр. вісник психоневрології.* 2018. Том 26, Вип. 3 (96). С. 33-38.

6. Охорона психічного здоров'я в умовах війни: у 2 т. / пер. з англ.: Т. Семігіна, І. Павленко, Є. Овсянникова, О. Тесленко. Київ: Наш формат, 2017. Т. 1. 586 с.

7. Охорона психічного здоров'я в умовах війни: у 2 т. / пер. з англ.: Т. Охлопкова, О. Брацюк. Київ: Наш формат, 2017. Т. 2. 548 с.

8. Посттравматичні стресові розлади: навч. посіб. / Б. В. Михайлов та ін.; ХМАПО; заг. ред. Б. В. Михайлов. Харків: ХМАПО, 2014. 285 с.

9. Юр'єва Л. М., Марута Н. О., Вишніченко С. І., Денисенко М. М. Діагностика психічної дезадаптації серед співробітників органів внутрішніх справ: метод. рекомендації. Харків-Дніпропетровськ: друкарня № 18 Південної залізниці, 2015. 55 с.

10. A culturally adapted family intervention for rural Pacific Island Veterans with PTSD / J. M. Whealin et al. *Psychological Services.* 2017. Vol. 14, No. 3. P. 295-306. DOI: <https://doi.org/10.1037/ser0000186>

11. Church D, Brooks A J. CAM and energy psychology techniques remediate PTSD symptoms in Veterans and spouses. NY: Explore, 2014; Vol. 10, No. 1. P. 24-33. DOI: <https://doi.org/10.1016/j.explore.2013.10.006>

12. Couple treatment for alcohol use disorder and posttraumatic stress disorder: pilot results from U.S. military Veterans and their partners / J. A. Schumm et al. *Journal of Traumatic Stress.* 2015. Vol. 28, No. 3. P. 247-252. DOI: <https://doi.org/10.1002/jts.22007>

13. Diehle J., Brooks S. K., Greenberg N. Veterans are not the only ones suffering from posttraumatic stress symptoms: what do we know about dependents' secondary traumatic stress? / ed. J. Diehle. *Social Psychiatry and Psychiatric Epidemiology.* 2017. Vol. 52, No. 1. P. 35-44. DOI: <https://doi.org/10.1007/s00127-016-1292-6>

14. Effectiveness of psychoeducational interventions for family carers of people with psychosis: a systematic review and meta-analysis / J. Sin et al. *Clinical Psychology Review.* 2017. Vol. 56. P. 13-24. DOI: <https://doi.org/10.1016/j.cpr.2017.05.002>

15. Evaluation of a family-centered preventive intervention for military families: parent and child longitudinal outcomes / P. Lester et al. *Journal of the American Academy of Child & Adolescent Psychiatry.* 2016. Vol. 55, No. 1. P. 14-24. DOI: <https://doi.org/10.1016/j.jaac.2015.10.009>

16. Kahn J. R., Collinge W., Soltysik R. Post-9/11 Veterans and their partners improve mental health outcomes with a self-directed mobile and web-based wellness training program: a randomized controlled trial. *Journal of Medical Internet Research.* 2016. Vol. 18, No. 9. P. e255. DOI: <https://doi.org/10.2196/jmir.5800>

17. Luedtke B., Davis L., Monson C. Mindfulness-based cognitive-behavioral conjoint therapy for posttraumatic stress disorder: a case study. *Journal of Contemporary Psychotherapy.* 2015. Vol. 45, No. 4. P. 227-234. DOI: <https://doi.org/10.1007/s10879-015-9298-z>

18. Mental health outcomes in US and UK military personnel returning from Iraq / J. Sundin et al. *The British Journal of Psychiatry.* 2014. Vol. 204, No. 3. P. 200-207. DOI: <https://doi.org/10.1192/bjp.bp.113.129569>

19. Monk J. K., Ogolsky B. G., Bruner V. Veteran couples integrative intensive retreat model: an intervention for military Veterans and their relational partners. *Journal of Couple & Relationship Therapy.* 2016. Vol. 15, No. 2. P. 158-176. DOI: <https://doi.org/10.1080/15332691.2015.1089803>

20. Murphy D., Busuttill W. PTSD, stigma and barriers to help-seeking within the UK Armed Forces.



*Journal of the Royal Army Medical Corps.* 2015. Vol. 161, No. 4. P. 322-326.

DOI: <http://dx.doi.org/10.1136/jramc-2014-000344>

21. Murphy D., Palmer E., Busuttill W. Mental health difficulties and help-seeking beliefs within a sample of female partners of UK Veterans diagnosed with post-traumatic stress disorder. *Journal of Clinical Medicine.* 2016. Vol. 5, No. 8. P. 68.

DOI: <https://doi.org/10.3390/jcm5080068>

22. Randomized controlled trial of a brief Internet-based intervention for families of Veterans with post-traumatic stress disorder / A. Interian et al. *J. Rehabilitation Research Development.* 2016. Vol. 53, No. 5. P. 629-640. DOI: <https://doi.org/10.1682/JRRD.2014.10.0257>

23. Strength at Home Couples program to prevent military partner violence: a randomized controlled trial / C. T. Taft et al. *Journal of Consulting Clinical Psychology.* 2016. Vol. 84, No. 11. P. 935-945.

DOI: <http://dx.doi.org/10.1037/ccp0000129>

24. "Strength at Home" intervention to prevent conflict and violence in military couples: pilot findings / C. T. Taft et al. *Partner Abuse.* 2014. Vol. 5, No. 1. P. 41-57. DOI: <https://doi.org/10.1891/1946-6560.5.1.41>

25. Targeting relational aggression in Veterans: the strength at home friends and family intervention / M. A. Hayes et al. *The Journal of Clinical Psychiatry.* 2015. Vol. 76, No. 6. P. 774-778.

DOI: <https://doi.org/10.4088/JCP.14m09155>

26. The effect of peer support groups on family adaptation from the perspective of wives of war Veterans with posttraumatic stress disorder / S. A. Vagharseyyedin et al. *Public Health Nursing.* 2017. Vol. 34, No. 6. P. 547-554. DOI: <https://doi.org/10.1111/phn.12349>

27. The effectiveness and cost-effectiveness of web-based and home-based postnatal psychoeducational interventions for first-time mothers: randomized controlled trial protocol / H. He et al. *Journal of Medical Internet Research.* 2018. Vol. 7, No. 1. P. 35.

DOI: <https://doi.org/10.2196/resprot.9042>

28. Turgoose D., Murphy D. A systematic review of interventions for supporting partners of military Veterans with PTSD. *Journal of Military, Veteran and Family Health.* 2019. Vol. 5, No. 2. P. 195-208.

DOI: <https://doi.org/10.3138/jmvfh.2018-0035>

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